



"Keane, Benjamin" <bkeane@mckennalong.com> on 11/01/2012 12:25:46 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>,
cc:

Subject: Form 9 - New American Energy Opportunity Foundation

To whom it may concern,

The attached FEC Form 9 is sent on behalf of the New American Energy Opportunity Foundation by Mr. Stefan C. Passantino.

Sincerely,
Ben Keane

Benjamin P. Keane | Associate
McKenna Long & Aldridge LLP
303 Peachtree Street | Suite 5300 | Atlanta, GA 30308
Tel: 404-527-4376 | Fax: 404-527-4198 | bkeane@mckennalong.com

CONFIDENTIALITY NOTICE:

This e-mail and any attachments contain information from the law firm of McKenna Long & Aldridge LLP, and are intended solely for the use of the named recipient or recipients. This e-mail may contain privileged attorney/client communications or work product. Any dissemination of this e-mail by anyone other than an intended recipient is strictly prohibited. If you are not a named recipient, you are prohibited from any further viewing of the e-mail or any attachments or from making any use of the e-mail or attachments. If you believe you have received this e-mail in error, notify the sender immediately and permanently delete the e-mail, any attachments, and all copies thereof from any drives or storage media and destroy any printouts of the e-mail or attachments.



NAEOF FEC Form 9 Filing 11-1.pdf

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

New American Energy Opportunity Foundation

(b) Address (number and street) ☐ check if different than previously reported

15601 North Dallas Parkway, Suite 900

(c) City, State and ZIP Code

Addison, TX 75001

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement

☒ New

or

☐ Amended

4. Covering Period

10 / 31 / 2012

through

11 / 06 / 2012

5. (a) Date of Public Distribution(s)

10 / 31 / 2012

(b) Communication Title

Energy Independence Issue

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) ☐ Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes ☐

No ☐

8. Custodian of Records

(a) Name

Martin V. Fleming

(b) Address (number and street)

15601 North Dallas Parkway, Suite 900

(c) City, State and ZIP Code

Addison, TX 75001

(d) Name of Employer or Principal Place of Business

New American Energy Opportunity Foundation

(e) Occupation

President

9. Total Donations This Statement

\$140,478.00

10. Total Disbursements/Obligations This Statement

\$140,478.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Stefan C. Passantino

SIGNATURE



DATE

11/1/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE OF
2 4

11. Person(s) Sharing/Exercising Control

A.	(a) Name Martin V. Fleming	
	(b) Address (number and street) 15601 North Dallas Parkway, Suite 900	
	(c) City, State and ZIP Code Addison, TX 75001	
	(d) Name of Employer or Principal Place of Business New American Energy Opportunity Foundation	(e) Occupation President
B.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
C.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
D.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
E.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 4

<p>A. Full Name of Donor Sheldon G. Adelson</p> <p>Mailing Address of Donor 3355 Las Vegas Boulevard South</p> <p>City State Zip Las Vegas, NV 89109</p>	<p>Date of Receipt 10 / 12 / 2012</p> <p>Amount \$140,478.00</p>
<p>B. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>C. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>

SUBTOTAL of Donations This Page (optional)

\$140,478.00

TOTAL This Period (last page this line number only)
(carry total from last page to Line 9)

\$140,478.00

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee Marketel Media, Inc. <hr/> Mailing Address of Payee 33175 Temecula Parkway, Suite A203 <hr/> City _____ State _____ Zip Code _____ Temecula, CA 92592 <hr/> Name of Employer _____ Occupation _____				Date of Disbursement or Obligation 10 / 30 / 2012 <hr/> Amount \$140,478.00 <hr/> Communication Date 10 / 31 / 2012			
Purpose of Disbursement (Including title(s) of communication(s)) Production and Placement of Radio Ad - "Energy Independence Issue" (Ohio)							
Name of Federal Candidate Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State: OH District: _____			
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____							
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____			
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____							
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____			
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____							
B. Full Name (Last, First, Middle Initial) of Payee _____ <hr/> Mailing Address of Payee _____ <hr/> City _____ State _____ Zip Code _____ _____ <hr/> Name of Employer _____ Occupation _____						Date of Disbursement or Obligation _____ / _____ / _____ <hr/> Amount _____ <hr/> Communication Date _____ / _____ / _____	
Purpose of Disbursement (Including title(s) of communication(s)) _____							
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____			
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____							
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____			
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____							
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____			
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____							
SUBTOTAL of Disbursements/Obligations This Page (optional)				\$140,478.00			
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				\$140,478.00			

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-mail</i>	Date of Receipt or Postmarked <i>11/1/2012</i>
<i>OK</i> PREPARER	<i>11/1/2012</i> DATE PREPARED

(3/2005)